

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 538604

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		3				
6		3				
7		3				
8		6				
9		0				
10		0				
11		6				
12		6				
13		0				
14		0				
15		0				
16						
17			1			
18			1			
19			1			
20			1			
21			1			
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49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	22	←	12	←		
TOTAL CLAIMS	23		13			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.				↓		
TOTAL DEP.				←		
TOTAL CLAIMS				←		←